Series on Upscaling Innovations in Reproductive Health in Asia, No. 5

PHILIPPINES

The Women's Health Care Foundation:

"Her Story"

By Florence M. Tadiar
Gladys Rio Malayang
Allyn Baldemor

The International Council on Management of Population Programmes

This case study was developed with support from the Ford Foundation.

The *Series on Upscaling Innovations in Reproductive Health in Asia* aims at programme managers, policy-makers and others involved in population activities. The case studies in the series document innovative programmes and projects in Asia in the areas of 1) comprehensive reproductive health programmes; 2) prevention of RTI/STD/HIV/AIDS in the context of MCH/FP programmes; 3) women's participation in decision-making, project design and implementation; 4) enhancing male responsibility and participation; 5) adolescent/youth sexual and reproductive health; and 6) maternal health. The cases are developed to provide a better understanding of issues on service delivery and programme management for reproductive health care.

The editors for this series are Sharifah Tahir, Aun Ting Lim and Jay Satia. Gillian Foo also contributed to the editing of this case study.

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Women's Health Care Foundation, the Philippines:

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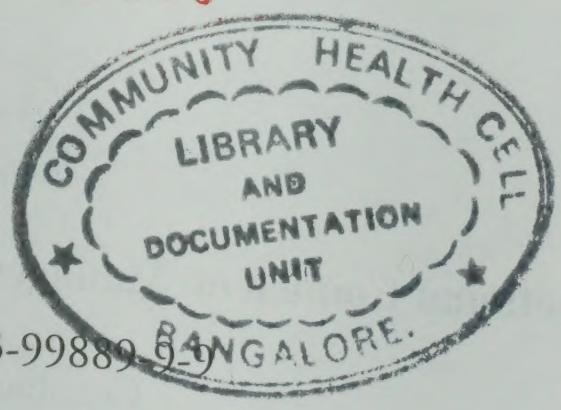
October 1998



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LIST OF ABBREVIATIONS

AusAID	Australian Agency for International Development
CHW(s)	Community health worker(s)
DOH	Department of Health
ED	Executive Director
FP	Family planning
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IEC	Information, education and communication
ISSA	Institute for Social Studies and Action
IUD	Intra-uterine device
JICA	Japan International Cooperation Agency
LGU(s)	Local government unit(s)
NGO(s)	Non-governmental organisation(s)
OCW(s)	Overseas contract worker(s)
RTI(s)	Reproductive tract infections
SGD(s)	Small group discussions
STD(s)	Sexually transmitted diseases
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHCF	Women's Health Care Foundation
WHO	World Health Organisation
YWCA	Young Women's Christian Association

The Women's Health Care Foundation (WHCF) is a non-governmental organisation (NGO) in the Philippines which has been active in the reproductive health area for more than a decade. Founded on the vision of holistic health for women, it operates three clinics and outreach services. It has been highly successful in advocacy and networking for mobilising policy and programme support to improve reproductive health status in the Philippines. This case study describes the work of WHCF and the lessons its experience holds for meeting reproductive health needs. But first, an overview of areas which concern reproductive health in the Philippines may be useful in setting the context for understanding WHCF.

Background: Status of Reproductive Health in the Philippines

The reproductive health status in the Philippines in the 1990s, based on the available information, is as follows:

Maternal mortality. Although there has been a dramatic decline in pregnancy-related deaths from 1940 to 1990 (from 6.3 to 0.8 per 1,000 live births), the number of maternal deaths in the Philippines is still alarming.[1] About 2,000 Filipino women die per year of causes such as postpartum haemorrhage, hypertension during pregnancy or childbirth, other pregnancy complications occurring during labour, and pregnancies with abortive outcomes.[2] Delayed recognition of complications and inadequate management of delivery care are factors that contribute to maternal deaths. Seventy percent of births are delivered at home; 73 percent of

[1]Philippine Health Statistics, Department of Health, 1991.
[2]Philippine Health Statistics, Department of Health, 1990.

these home births are attended by a traditional birth attendant (*hilot*), 32 percent by a midwife and only one percent by a doctor.[3]

Nutrition. Anaemia and deficiencies of micro-nutrients like thiamine, riboflavin and iodine are still widespread among pregnant and lactating women and, in fact, among all women of reproductive age. Twenty-seven percent of pregnant women aged 13 to 20 have symptoms of iodine deficiency. Forty-three percent of lactating women and 40 percent of pregnant women have anaemia. In 1993, 34 percent of pregnant and 35 percent of lactating women were deficient in thiamine.[4]

Fertility rate. The total fertility rate (4.1 births per woman) does not correspond to the wanted total fertility rate of 2.9.[5] Women in urban areas tend to have fewer children than women in the rural areas mainly because more family planning and health centres are accessible to urban women. Furthermore, the latter are more educated and employment opportunities are greater in their areas.

Adolescent reproductive health. Teenage childbearing is not commonplace in the Philippines, with 23 years as the median age at first birth for Filipino women. However, it must be noted that approximately one in every 15 teenagers is a mother or pregnant with her first child, and that about half of pregnant girls below 15 years of age die due to pregnancy and delivery complications.

Sexually transmitted diseases (STDs). Infection rates are increasing particularly for syphilis (15 percent increase in female sex workers). In a review of STD services in 1993, approximately 400,000 cases of gonorrhoea were reported. Resistance to standard drugs is observed to be high (up to 23 percent among sex workers).

HIV/AIDS. As of September 1996, a total of 821 HIV positive cases have been reported. Officials of the Department of Health suspect there are about 100 more infections per identified positive case. WHO estimates actual number of HIV infected persons to be 18,000 at the end of 1995, and this may increase to 90,000 by the year 2000. The highest percentage of HIV infection is found in the 20-29 age group for women (25 percent) and in the 30-39 group for men (20 percent).[6]

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[3]Health Intelligence Service, Department of Health, 1990.
[4]Food and Nutrition Research Institute, 1993.
[5]National Demographic Survey, 1993.

The most common mode of transmission is heterosexual intercourse, accounting for nearly 51 percent of all the cases of HIV infection. HIV infection is more widespread in the major cities where prostitution and entertainment industries thrive.

International AIDS Candlelight Memorial and Mobilisation, 1996

In 1992, 80 percent of Philippine households had heard of AIDS. The percentage was higher in the urban areas with 86 percent compared to 77 percent in the rural areas. Myths regarding HIV transmission abound among the general population, even among students and health professionals. More than half of the respondents of a national survey think that HIV can be transmitted through hugging, sharing of glasses, cups and toilets. More than two-thirds believe that HIV can be transmitted through kissing. These beliefs have spawned discrimination against persons with AIDS. The specific populations put at risk of HIV because of socio-economic circumstances include women, men who have sex with men, sex workers, overseas contract workers (OCWs) and injecting drug users.[6]

Social and Political Environment

Among adolescents, virginity is still considered an important virtue. On the average, the first premarital sex

[6]HIV/AIDS Registry, Department of Health, 1995.
[7]Department of Health, 1993.

experience happens at the age of eighteen for both sexes. Most of the females have their first premarital sexual experience with their boyfriends, while many of the males have it with females they have no feelings for, usually with sex workers.[8]

Although family planning has been provided in the Philippines since the 1960s and became a government programme in the 1970s, contraceptive prevalence is only about 24 percent for "modern methods." While 97 percent of currently married women aged 20-24 know of at least one method of family planning, only four percent can be considered knowledgeable about contraception.[9] Male adolescents report a higher level of contraceptive use than females. Adolescent boys are more inclined to use contraceptives during their first encounter than on subsequent encounters. The reasons adolescents do not practise safe sex are: they did not expect to have sex at that time; they did not know how; their partners objected; it was impossible to use any method under the circumstances; contraception was wrong or dangerous to one's health; contraception removed the fun from sex; they believed that girls could not become pregnant with just one sexual contact.

Although unreported at the national level, there is a high incidence of abortion. It is estimated that there are up to 750,000 abortions yearly in the Philippines.[10] Studies show that induced abortion is used as a means of avoiding having more children rather than avoiding or postponing a first birth. Other reasons given are the desire to space births; economic difficulties; health reasons; contraceptive failure; and problems with the husband or partner.[11]

There has been an increasing incidence of reported violence against women in the Philippines including rape, incest and sexual harassment.[12] Records of wife battering and incest reveal that 58 percent of some 6,655 disadvantaged women served by the Department of Social Welfare and Development in 1992 were abused or battered women.

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[8]Young Adults Fertility and Sexuality Study 11, 1994.
[9]National Demographic Survey, 1993.
[10]De la Rosa, Martin II "Induced Abortion: Is it Really a Problem?" WHO Conference on Safe Motherhood, 1993.
[11]Safe Motherhood Survey, 1993.
[12]Safe Motherhood Survey, 1993.

The 1987 Philippine Constitution declared that women were vital in nation building and that men and women were "equal before the law and must receive equal protection." The 1959 Civil Code's provisions on marriage and the family were revised through the 1988 Family Code which reduced inequality between the sexes in many areas. In 1992, the Philippine Congress passed RA 7192, also known as the Women in Development and Nation-Building Act. This act recognised the important role of women in development programmes and gave them more rights in various aspects.

Legislative action in terms of women's health has been insignificant. From 1987 - 1992, Congress passed a total of 514 health-related bills. However, among those bills referred to the Committee on Health in the House of Representative (July 1, 1992 to March 4, 1993), more than 80 percent focused on infrastructure rather than on services. Few bills referred to the Committee on Women and the Committee on Population and Family Relations touched on women's reproductive health concerns (e.g. domestic violence, occupational health, family planning centres, the elderly).

In the Philippine Senate, bills and resolutions referred to the Committee on Women and Family Relations pertained to rape, domestic violence, amendments to the Family Code, pregnancy care, gender discrimination, child abuse, family planning, and sexually transmitted diseases. After 10 years of lobbying and advocacy, the Rape Bill was recently passed but was not fully acceptable to the women NGOs since the provision of "marital rape" was not included in the final version of the bill.

Taking initiative towards positive action amidst the troubling statistics and legal foot-dragging is the story of the Women's Health Care Foundation.

The Solidarity March for women's health and rights

THE WOMEN'S HEALTH CARE FOUNDATION

The Beginning

The Women's Health Care Foundation has been effectively responding to the need for comprehensive services and information to women, men, young people and children since 1980, well before the term "reproductive health" became a catchword. The establishment of the WHCF was a result of dissatisfaction with the services provided by the existing health organisations. A multi-disciplinary group of professionals and health and family planning advocates felt that women's health can only be achieved if all aspects of her health needs were met. Thus, WHCF was established with the main objective of improving women's health — physical, emotional, mental — through the provision of quality comprehensive health services and correct and adequate information, education and training services.

WHCF has been responding to needs for comprehensive services well before "reproductive health" became a catchword.

Similar to the situation in many developing countries, the health of Filipino women is greatly influenced by men's attitudes and behaviours. Men also have health needs that have been neglected by the existing services. Like the Filipino women, men are not only ignorant about their health but equally unaware of how to protect their health as well as the health of their families. Within this reality it is equally important therefore to reach out to men. So WHCF, from the very beginning, has opened its doors to men.

For the past sixteen years, the Foundation has provided accessible and affordable quality reproductive health care services to almost 40,000 women, men and youth from different sectors of the population. These services are provided regardless of the client's age, sex and marital status.

Principles, Vision and Objectives

Improving the health of women is the main objective of WHCF. This objective is premised on several *principles*:

- health is a right of every human being and is vital for everyone to enjoy quality living;
- women must have reproductive and sexual health in order to attain quality of life and to fulfil their potentials; and women must be able to practice their reproductive rights, and freely and responsibly manage their fertility without coercion, discrimination and violence;
- each woman has a right to quality health care and to benefit from modern medical technology regardless of age, marital status, education, socio-economic level, political religious beliefs and sexuality;
- quality health care should be available, affordable, safe, acceptable, comprehensive, appropriate and gender-responsive;
- health providers must provide quality care and information and help each woman to make decisions about her health care, her body and her life.

Guided by the above principles, WHCF has a *vision* of a society where women enjoy good health — physically, mentally, emotionally, socially and spiritually — throughout their life cycle. In this vision, women are respected and treated with dignity, they are well informed on reproductive and sexual health, have access to quality services, which in turn enable them to exercise their reproductive rights.

Going beyond women's health, WHCF *envisions* women to be active participants in decision and policymaking in all aspects of their personal, family, civic and professional lives — at all levels of society, particularly in matters regarding their welfare, health, bodies and relationships. In an ideal society, WHCF envisions that men accept responsibility for their sexual, social and other behaviours; and work equitably with women in all spheres of life for their mutual benefit and development and that of their family and of future generations. Families live happily, serenely and productively in proper dwellings within a clean and sustainable environment. Finally, WHCF *dreams* of a Philippines where there is a reduction of

poverty, violence, prostitution and street children; and where peace, justice and prosperity prevail.

With these visions in mind, WHCF sets the following objectives:

- effectively operate quality and affordable clinical and laboratory facilities that respond to reproductive health needs of women — particularly disadvantaged women, their partners, as well as their children;
- conduct information and motivation activities among women and men to enable them to understand their reproductive rights and responsibilities; and empower them to make decisions about their health;
- undertake advocacy activities to help policy makers, health professionals and other groups improve the quality of reproductive health care;
- participate in research and evaluation studies on women, their health and their health problems;
- establish working relationships with local and international organisations and individuals who can help promote WHCF's goals.

WHCF PROGRAMMES

Initial Services

Determined to fulfil its objectives, WHCF opened three clinics immediately after its establishment. One was located in Manila in a busy commercial area, another near a university, and the third in a tourist area. The strategic locations of the clinics made the services easily accessible to more women workers, business clients, students and community residents — the prime targets of WHCF.

WHCF clinics provide services neglected by other health facilities.

Services that were neglected by other health facilities were made available at WHCF clinics. Visitors to any of the three clinics had a range of services to choose from: medical consultations, family planning, pre-natal and post-partum care, diagnosis and

management of menstrual and menopausal problems, infertility, reproductive tract infections, cancer detection through pap smears, sexual health, nutrition concerns, counselling and laboratory services.

Many of WHCF's clients are victims of violence against women. "These clients need more than just clinical services. They need special counselling as well," explains Gladys Malayang, Executive Director of WHCF, on why the organisation added services for victims of violence into its range of services.

Free consultations during WHCF's anniversaries

As much as WHCF would like to be a one-stop health clinic, there are more advanced services which it is not able to offer. In these instances, clients are referred to specialists and organisations that are committed to WHCF's principles and quality standards.

The clinics are open from Monday to Saturday from 8 a.m. to about 6 p.m. or even later. WHCF clinics remain open long after the government health facilities have closed. Since many clients are working women, Saturday is the only time for them to seek services. These convenient hours have enabled WHCF's services to be accessed by its working clientele.

Small Group Discussions Empower Women

Residing in the Payatas B in Quezon City, a slum area in and around one of the biggest garbage dump sites in the Philippines, Mrs. Mariano and her family make a living by scavenging through the trash for scraps of metal, bottles and other items that they can sell at junk shops. Mrs. Mariano is a 38-year old housewife with five children, aged between nine and-one-and-a-half years old. She would have conceived her sixth child had she not been contacted by the WHCF outreach clinic located nearby. Although she did not want too many children, Mrs. Mariano was not aware that she could do something about it.

It was during one of the small group discussions when the staff of WHCF met Mrs. Mariano and others like her. These women were very attentive and interested in the information given to them. "I did not want any more children. I wanted to use some kind of contraceptive method. I was convinced but my husband was not. He thought that using artificial contraceptives was sinful. It was difficult to convince him otherwise, but I succeeded," said Mrs. Mariano with a big smile on her face, following the group discussions. This couple chose the pill and condoms. The support she gets from the small group of women like her and the fact that she can control her fertility have enhanced Mrs. Mariano's self-esteem. This feeling is clearly reflected when she said, "I feel more encouraged and more determined with life than ever before."

Sixteen Years Later

It has been 16 years since WHCF was established. Today, it still maintains three clinics catering to a variety of clients. While the locations of some clinics have changed, the services provided are very similar to those offered in the early days of WHCF. The long operating hours have also been maintained. Each clinic has a medical officer, a paramedic staff (nurse or midwife) and a medical technologist. They are well oriented to WHCF's principles and objectives. The clinics are bright, tidy and clean. The arrangement in the clinics assures clients' comfort and privacy. While waiting for services, clients can read the numerous IEC materials on contraceptive methods, STDs and HIV/AIDS available in the reception hall. Box A shows WHCF's client flow diagram.

The Cubao and Quezon Avenue clinics are both located in business/commercial districts where inexpensive nightspots and streetwalkers operate. Visitors to these clinics are working women from the middle income group, students, as well as

Muntinlupa clinic: serving the urban poor

The Quezon Avenue clinic in a commercial district serves clients of various backgrounds.

professionals. The clinic on Quezon Avenue also caters to a number of male clients who seek physical examination for application of OCWs.[13] This clinic is also a referral centre for other women NGOs and grassroots urban com-munities in the peripheral area. The two clinics have an average attendance of 300 to 350 quarterly. Established three years ago, the third clinic is situated in Muntinlupa, a suburban locality in the outskirts of the highly commercialised Makati City, where the poor and less privileged live. This clinic is meant to cater to the needs of the urban poor who are neglected by the government facilities and yet are unable to afford private care. The average quarterly client load in this clinic is about 100. The number of clients to these clinics may appear small. However, a larger number of clientele is reached through outreach activities organised by each of the three clinics. Quarterly, each clinic reaches out to about 400 to 500 clients through the outreach activities.

[13]A large number of Filipino women and men work as migrant workers in the Middle East, East Asia and Southeast Asia.

BOX A

WHCF Client Flow Diagram

Client

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Enters Clinic

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Nurse/Midwife

- Greets client. Offers a seat. Introduces self and asks client's name.
- Inquires about client's needs and/or problems. Answers Clinic Information Sheet.
- Takes down history of client (physical illness, family planning, obstetric/gynaecological past history).
- Takes health information of client (weight, blood pressure, height, pulse rate, respiratory rate).
- Brings the client to doctor's office. Introduces client to physician on duty.

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Physician on duty

- Greets client. Offers a seat and ensures patient's privacy. Introduces self.
- Asks patient about complaints, problems or needs and rechecks/adds to client's data, history and health information.
- Does a complete physical examination, including breast examination, while teaching client how to do self-examination. When necessary (i.e. for obstetric/gynaecological clients), an internal examination is done. The client is informed of the purpose of the examination and what to expect during the procedure so that s/he feels comfortable.
- Requests for a laboratory examination, if necessary.

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continued next page 13

Medical technologist

- Greets client. Introduces self.
- Reiterates the type of laboratory examination to be done and explains the procedures for the examination. Asks the client additional information needed to perform the examination.
- Instructs client what to do to get specimen and asks client to go to the reception room while waiting for the results.
- Does the laboratory examination. Writes down results of examination and makes the report to the doctor.

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Physician on duty

- Talks to patient regarding the laboratory examination results and describes the treatment, medication to be taken, dosage and possible adverse reactions. Explores other needs (family planning, counselling, referrals). For new FP clients, the doctor (or the nurse/midwife) presents the various contraceptive methods and explains their advantages and disadvantages. Client choice is respected.
- Schedules follow-up visit.
- Refers client to the nurse or midwife.

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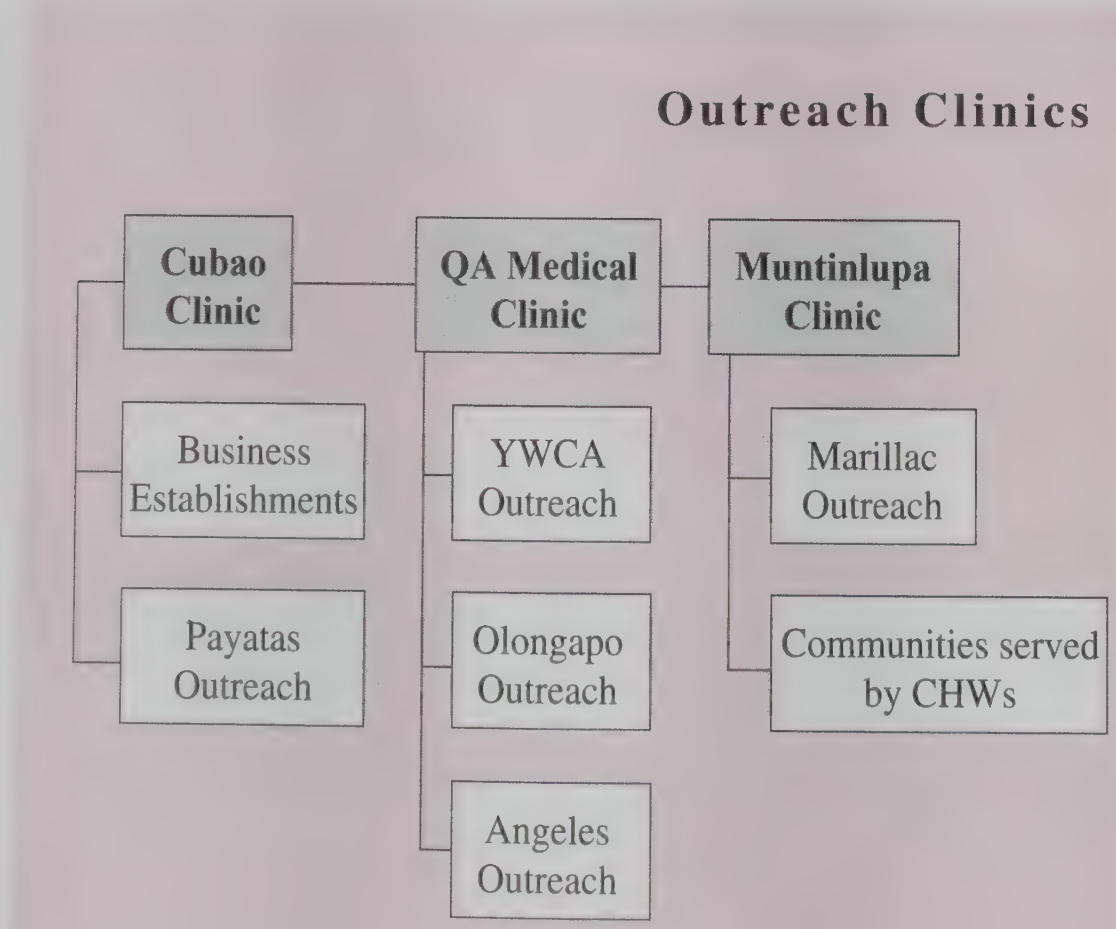
Nurse/Midwife

- Explains treatment again. Describes medication to be taken including dosage as well as precautions to be undertaken. Inquires whether all the concerns and needs have been addressed.
- Reiterates follow-up visit and logs it in an appointment book. A client appointment card is given to the client and the next appointment is noted.
- Charges the appropriate fees for services/medicine/procedures provided. Receives payment and issues an official receipt to the client.
- Thanks client for coming.

Clients are charged for the services provided but the amount paid is dependent on what the client can afford. Ensuring that services are affordable is one of the objectives of WHCF and it has from the very beginning taken steps to keep costs at a minimum. These steps include renting inexpensive clinic and office spaces. The staff has been trained to be multi-purpose workers, which allows a minimum number of staff and maintenance of low costs.

If They Don't Come, You Go to Them: Outreach Services

The majority of visitors to the clinics are workers, professionals and students. The urban poor women, burdened with household chores and perhaps income generating activities, initially were few. Reaching out to women of all backgrounds is an objective of WHCF and it concerned WHCF that its services were not frequently used by the latter group. It was then that "WHCF decided that if they cannot come to us, we need to go to them," says Dr. Florence Tadiar, president and past executive director of WHCF. Thus, the outreach clinics were started with the specific objective of providing regular health services to urban poor women (see chart below).



Although these clinics were originally established to increase the accessibility and improve the referral of patients to the main clinic, they have now become a big part of the clinic's principal activities. Each clinic has its own outreach activities and target groups .

It is through these outreach activities that reproductive health services and information activities are extended on a weekly basis to the underprivileged neighbourhoods and communities. All services available at the main clinics are also available at the weekly outreach clinics. Outreach clinics are either held in people's houses or in the community halls. In addition, delivery services are given at the homes of the clients. The same user-charge strategy applied at the main clinics is used for the outreach clinics. The paying capacity of clients at outreach clinics is very limited and hence the fees are kept very low.

IEC activities are carried out while clients wait for medical services. These are usually done in small group discussions (SGDs) which cover a wide range of reproductive health topics including fertility management, human sexuality, reproductive tract infections, STDs and HIV/AIDS, women's health and rights, gender issues in reproductive health, breast and cervical cancers, pap smear, and menopause.

Mobile outreach service

There are two types of outreach activities: (1) where the outreach activity is organised by the community health workers (CHWs) and (2) where the outreach activity is established in collaboration with a local organisation (NGO, local government unit or people's organisation) working in the outreach area.

The first type of outreach clinic has a non-permanent site. These activities move from one location to another depending on the CHWs who have organised and prepared their communities for such an activity. The CHWs inform the community about the outreach clinic and the time and the services available. Activities undertaken include not only medical services but also IEC sessions in the form of SGDs with women in the community. Where running water and a private room are available, pap smears, IUD insertions and other medical examinations are conducted. In addition, care for babies, immunisation and other paediatric health needs are also available.

Profile of a Community Health Worker

Ms. Estrelle is a wife, mother and businesswoman. These multiple roles keep her on her feet all day. After sending her children to school and her husband to the office, Ms. Estrelle goes home to complete the household chores. She then attends to her part-time job of selling lingerie and cosmetics to neighbours and friends.

In spite of her very busy schedule, this dynamic woman can still find the time to volunteer as a WHCF community health worker. In this role, Ms. Estrelle helps the Foundation's outreach team conduct small group discussions in her community and also in the neighbouring communities. Like the other CHWs, Ms.Estrelle offers her home as the venue for SGDs where reproductive health and gender issues are discussed. She also helps in the outreach clinics, such as taking the weight and blood pressure of clients. As a CHW, she is knowledgeable about the various family planning methods and has educated her neighbours and community members about these methods. She also supplies pills and condoms to the community.

"I have a very busy schedule, but I have taken a few hours of my time to assist other women to realise that they can also pitch in to help numerous other women." The growing number of women like Ms. Estrelle who volunteer their time have been invaluable in helping WHCF in its mission to improve the lives of Filipino women, men and children.

The second type of outreach activity has a permanent location in which a "satellite" clinic with medical outpatient facilities and laboratory services is established. There are three clinics of this kind: YWCA Centre in Quezon City, Olongapo

City and Angeles City. The YWCA Centre is located near squatter areas. CHWs also assist in medical work as well as IEC activities. It also serves as the training clinic for CHWs of WHCF. The latter two cities were formerly the sites of American military and naval bases which created flourishing commercial sex establishments. Additionally, the recent economic boom has attracted much foreign investments in these cities, as a result of which, there has been a rise in prostitution. These two clinics are organised in cooperation with locally based NGOs which are concerned with the welfare of commercial sex workers.

Collaboration with other organisations helped minimise cost and maximise the number of women and families that WHCF can serve.

One important lesson learned from this experience is that collaborative work with existing NGOs (or other organisations) with common interests has greatly helped WHCF set up outreach activities with minimal start-up costs. Existing networks, facilities and personnel can be tapped. Also, building rapport and trust among outreach communities is facilitated and the organisation of medical services and outreach IEC activities is easier when collaborating with others. Working

"Satellite" clinic in Olangapo for outreach activities

with other organisations has increased the capability of WHCF to provide reproductive health care to more women in more places and those of their children and family.

WHCF Education and Training Programmes

In the early days of its operation, WHCF focussed on service provision. However, over the years, this organisation realised that its clients have very little information about their health and health-related matters. At the same time, this lack of information also deters clients from seeking health services. There was clearly a need to educate the community and to create a demand for services. The objectives of the education programme are two-fold: (1) as a part of WHCF's services to

Education and Training Programmes

- **Clinics**
  - IEC
  - Information shared by clinic staff
- **Training**
  - Community health workers training
  - Street vendors training
  - OCWs and seamen training on reproductive health
- **Outreach (lectures or SGDs)**
  - *Topics:*
  - Fertility management
  - STDs and HIV/AIDS
  - What is a pap smear?
  - Breast examination
  - Reproductive health
  - Human sexuality
  - Menopause
  - First aid
  - Woman's health and gender issues

Reproductive health lecture series

CHW training

the communities it serves and (2) as an important aspect of WHCF's staff development programme that aims to increase the technical and management knowledge and skills of WHCF's staff while at the same time providing them with exposure to gender, women's rights, sexuality and violence issues.

Education efforts were first started in the clinics before they were expanded to the outreach communities and business establishments. The topics included in the education programme are wide ranging — health, reproductive health, sexual health, gender issues, fertility regulation. Topics and teaching methodologies — seminars, workshops, lectures and SGDs — are carefully designed to suit the specific audience in the education activities.

A description of the various education and training for activities for clients is detailed below.

Community health workers training

This is an eight-day workshop and a one-day practical training in a WHCF clinic. Trainees are exposed to a carefully developed curriculum that will enable them to educate women

in their respective residential areas. In addition to topics on health — definition and elements of reproductive health, human reproductive system, human sexuality and safe sex, fertility management, STDs and HIV/AIDS — the curriculum includes sessions on communication skills, gender and development, herbal medicines, and basic clinic practices.[14] Trainers are expected to operate in their neighbourhoods as health workers. Their job is to facilitate awareness on health promotion and disease prevention in the community as well as to assist WHCF staff during the outreach clinics.

Street vendors training

Street vendors (food, cigarettes, newspapers, etc.) conduct business until late at night, particularly in areas where entertainment establishments are aplenty. They come into regular contact with sex workers and their clients. They may therefore be appropriate as providers of condoms and other contraceptive devices as well as sources of information. Taking advantage of this potential, WHCF contacted vendors and persuaded them to become safe sex motivators and community-based distributors. The response was positive and subsequently they were invited to training workshops where they were given information on safe sex, protection against diseases, the condom and other contraceptives, as well as on their use. They were also taught how to approach and communicate with the target groups.

The lecture series welcomes everyone at no charge. A lecture on menopause pictured here.

Unmet Needs Among Educated Women

My name is De Mesa and I am 26 years old. I am a law student. My boyfriend and I have been together for six years. We are sexually active and rely on withdrawal and the rhythm method to avoid pregnancy. I had false alarms on two occasions. At these times, I was very afraid that I might have gotten pregnant. The fear of getting pregnant very often comes in the way of my enjoying sex. When I found out about WHCF's education programme, I participated in several of their lecture series which not only provided me with information about my body and reproductive health, but also put me in touch with counsellors. These counsellors answered my numerous questions on sexuality, contraceptive methods, gender issues as well as other issues that are not readily available elsewhere. I have now adopted a modern and effective contraceptive method. I no longer fear getting pregnant or infected with sexually transmitted diseases.

It is ironic that even educated, mature women like De Mesa have little knowledge about reproductive health and related issues due to lack of information. WHCF's reproductive health lecture series has helped women like De Mesa to obtain information and has provided them with access to counselling and clinical services.

This innovation has been successful. The street vendors are not only providing information and supplying condoms and other contraceptives, but they also motivate the sex workers to visit WHCF clinics for regular medical check-ups and pap smear tests.

Overseas contract workers and seamen training on reproductive health

OCWs and seamen come to WHCF clinics for physical examinations, which are part of the requirements for application to work outside the country. As WHCF sees the contact with these men as an opportunity to educate them, it organises a one-day seminar on reproductive health specifically for them. The seminars are held twice a month. The topics included are (1) gender concerns in sexuality, (2) the reproductive system and human sexuality[15], (3) STDs and HIV/AIDS, and (4) safe sex practices. Fertility management methods are also discussed.

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[14] CHWs are trained to take the following information: blood pressure readings, weight and height, and temperature. They are also trained in aseptic techniques to insure that the clinical procedures do not promote the spread of infection.

Reproductive health lecture series

This activity, held ten times a year, aims to create awareness among business employees, women in the community, and women in NGOs about the issues that influence health and reproductive health. For example, a lecture on "The Catholic Church and Contraception" was one of the themes of the lecture series. To add depth to this activity, experts/specialists are invited to give insights and updates on the topics assigned to them. These lectures are usually for the duration of two hours with an additional hour for questions from the audience.

Seminars for business establishments

The incidence of STDs (including HIV/AIDS) is most prevalent among men and women of reproductive age. The workplace is one of the most obvious places to reach and educate this group. Thus, WHCF has invested time in motivating business establishments, particularly those with less than 100 employees which are not mandated to provide in-house health services, to educate their employees. The aim of the activities is to raise employees' awareness of health topics such as first aid, family planning, RTIs, STDs, HIV/AIDS and other related issues on reproductive health and rights. Many establishments, particularly the small business organisations, were responsive to the idea. One of the incentives of joining such programmes is that the employees can receive health services at WHCF at a reduced cost. Subsequently, the clinic staff of WHCF organised informal seminars and small group discussions. Lately, large private

Small business seminar on reproductive health

companies have requested WHCF to organise similar activities for their employees. Likewise, women NGOs and employees of government institutions have asked WHCF for reproductive health information and services.

Staff Development Activities

Staff must, first of all, believe in WHCF's principles and visions. [Therefore,] we expose them to the rationale behind our principles and visions."

Dr. Florence M. Tadiar

The staff has regular and continuous orientation/ training on reproductive health, gender-appropriate medical services, fertility management as well as other training necessary for the group to deliver quality reproductive health services and relevant and current information to clients. For further development, they are asked to read current journals and other publications to update and increase their knowledge.

Importance is given to staff development, as WHCF believes that a competent staff is crucial if quality reproductive health services are to be provided. Each of its staff members must complete the Basic Comprehensive Course for family planning and other reproductive health services. They are also given many opportunities to participate in conferences, seminars and workshops that provide updates on technical and medical matters. In addition, the clinic staff have undergone basic computer training in order to know how to input medical and statistical data on the computer. Improvement of management/administrative skills is provided for clinic physicians/managers and also the administrative staff. Both clinic and administrative staff are given opportunities to expand their knowledge not only in locally organised training sessions but also in international conferences and seminars.

Technical competence alone does not guarantee quality services. Staff must also have good interpersonal skills, knowledge about the various aspects of health, and the right attitude. According to Dr. Tadiar, to acquire these skills "staff must, first of all, believe in WHCF's principles and visions" and therefore "we expose them to the rationale behind our principles and visions."

In light of marginal funding and financial support, each staff member is expected to perform several duties and responsibilities. The use of this strategy allows WHCF to recruit part-time medical doctors which helps to keep costs low. The only ones working full-time are nurses and midwives who have

had extensive experience and are skilled in pre- and post-natal care, provision of family planning counselling and methods including the insertion of IUDs, and performing laboratory tasks such as gram staining and pregnancy tests.

Advocacy and Networking

An organisation like WHCF, through its service provision, can only cover a small population. The mobilisation of other agencies, especially in the Government, is imperative to cover a larger population. Furthermore, promoting reproductive health in the midst of strong opposition, particularly from the Church, is indeed challenging. And when there is strong opposition, it is not possible to work alone. It is within these contexts that WHCF gives great importance to advocacy and networking.

In face of strong opposition, particularly from the Church, it is not possible to work alone.

WHCF started to become involved in advocacy work in 1987 at the time when a new Philippine Constitution was being drafted. It started as a simple system of personal distribution of published materials on reproductive rights to the constitutional commissioners. Subsequently, WHCF became active in (1) writing letters to newspapers, (2) conducting seminars/workshops on women's rights and health issues, (3) appearing on radio and television programmes, (4) participating in panel discussions, press conferences and senate and congressional public hearings, and (5) granting interviews for publications. WHCF is also an active advocate for the prevention of HIV/AIDS and participates in activities of HIV/AIDS projects and organisations locally, regionally and internationally.

WHCF's advocacy work is strengthened by networking with other women's NGOs working in the areas of health, development and other social concerns. It has also built alliances with government agencies in order that its advocacy efforts may have a greater impact. WHCF co-founded many coalitions like the Philippine NGO Council for Health and Welfare, KALAKASAN (against domestic violence), Woman Health, and

WHCF's president gives interviews on TV and radio to promote women's health and rights.

Alliance for Women's Health. In 1983, WHCF established the Institute for Social Studies and Action (ISSA) which has become a prominent women's NGO in the Philippines and is internationally recognised.

The work and achievements of WHCF have not gone unnoticed. This organisation is not only a leading NGO in the Philippines but is also well known in the international community. It is looked up to for expertise, advice and leadership on women's health and women's rights issues. However, success comes with a price. As WHCF's popularity increased, the Philippine Roman Catholic church became adversarial towards WHCF and other women's health advocates, organisations and programmes promoting fertility management and reproductive health. Several attempts were made to discredit the work of WHCF and its allies. For example, a misinformation campaign against Dr. Tadiar resulted in her removal as a government official delegate to the Cairo conference in spite of her earlier participation in such a capacity at two preparatory conferences in New York. These attempts, however, backfired. Following her removal, Dr. Tadiar was invited to appear on television, radio and other public occasions to defend the allegations and present the real issues and facts to the public. Consequently, many people were educated on the significance and actual problems of women and their reproductive rights. This experience encouraged other women and men to publicly articulate their opinions in favour of women's health and rights.

WHCF ORGANISATIONAL CHART

Group	Composition	Function
Board of Directors	Seven Board Members: • Chairperson • President • Corporate Secretary • Treasurer • Assistant Treasurer	Acts as the highest policy-making body; approves all contracts entered into by the Foundation; determines investment areas for WHCF funds; confirms personnel appointments, hiring and firing; advises and gives support to management.
Management	Executive Director	The Executive Director acts as the Chief Executive Officer of the Foundation; responsible for planning, monitoring, evaluation and organising; manages finances and administration controls; leads in advocacy and networking activities.
Health Service & Health Education Providers*	Physician/Clinic† Manager — Nurse — Midwife — Medical Technologist — Health Educator	Delivers reproductive health services to clients; conducts IEC activities and training programmes; participates in advocacy activities and research projects.
Administrative and Support Services	Finance Officer — Bookkeeper — Administrative Assistant — Personnel and Communication — Property, Supplies — Utility, Maintenance — Publications — Transportation	Responsible for purchasing/ delivery of supplies and materials, communications, equipment and facility maintenance, personnel matters (appointments, payroll, leaves, benefits, etc.), data/statistical information collation and reporting and advocacy activities.

**There are four teams: one for each clinic and one for the outreach activities.*

†A medical director oversees the quality of care being provided by the clinics.

Everyone at WHCF is an advocate for women's health and rights. Each staff is assigned to various organisations and issues — STDs and HIV/AIDS, women's rights, legal and political organisations, etc. Once an issue arises that needs mobilisation of the whole organisation, the staff members assigned to that particular issue act as co-ordinators for the activity.

WHCF Organisational Structure

WHCF has four separate but complementing groups that constitute its organisation: (1)Board of Directors, (2)Management, (3)Health Service/Health Education Providers, and (4)Administrative/Support Services (see WHCF Organisational Chart). It believes that each individual has a contribution to make in the management and decision-making process. As such, WHCF strongly encourages self-actualisation, the right to express one's opinion and freedom of choice, participatory decision-making and teamwork, along with responsibility, accountability and transparency. Thus, these four groups mostly work in a matrix set-up where actions and policies are discussed, areas of responsibilities jointly agreed on, and recommendations are approved and adopted after a consensus is developed.

Board of Directors

The WHCF Board of Directors acts as the overall policy-making body and reviews recommendations and policies made. The Board also provides direction and advises on plans being made by WHCF. From the start, WHCF's Board has been composed of women and men from various professions: legal, business, academic, medical and others who believe in the vision and mission of WHCF, and that health issues are multi-disciplinary in nature.

Management

The Executive Director (ED) acts as the Chief Executive Officer of the Foundation. The ED consults with the President who assists in the networking and advocacy activities. In addition to the day-to-day operations, the ED directs, oversees and supervises the implementation of approved programmes

and activities. The ED and the President serve as resource persons/consultants to projects and institutions. A management committee composed of the Executive Director, the Associate Executive Director, the Physician/Clinic Managers and Financial Officer regularly meet to monitor and evaluate activities of the organisation.

Health Service/Health Education Providers

At present, the WHCF staff consists of four full-time and three part-time medical doctors and 15 full-time paramedical personnel including nurses, medical technicians and midwives. Recently, in an effort to improve services provided to men, the organisation hired two male nurses who were carefully selected. To ensure the right persons are recruited, prospective staffs are put on probation for several months before they become permanent staff.

This group is responsible for providing health service information to clients and their spouses and families, and for conducting IEC activities in the community, as well as training programmes for OCWs, business establishments, community health workers and street vendors. When possible, research activities are undertaken by this group. Most of its research activities are clinic-based and deal with reproductive health service delivery. For example, the staff is currently involved in a "Diaphragm Acceptability Study" sponsored by the WHO, the Family Health International, and the Population Council.

Administrative and Support Services

The Administrative and Support Services group helps to ensure that the service providers are able to achieve their tasks in the most effective and efficient manner through adequate and timely procurement of supplies and equipment and their proper maintenance, provision of transportation services, adequate cleanliness and sanitation of clinic and office facilities, and provision of salaries and benefits. This group is responsible for putting financial and administrative controls in place, handling personnel matters, taking care of communication and data/statistical information and publications. Its administrative personnel has grown to include a full-time accountant, bookkeeper, clerk, administrative and personnel officer.

Elements of Quality RH Services

- Appropriateness and relevance
- Comprehensiveness
- Availability and accessibility
- Competence
- Affordability
- Continuity and collaboration

Managing Quality Services

In accordance with its principles and objectives, WHCF places a strong emphasis on the quality of its services. It has identified six attributes of quality services (see box). Several management actions have been taken to ensure that services provided have these attributes.

Appropriateness and Relevance

The needs of clients form the basis for appropriateness and relevance of services. To meet these needs, community surveys of the various target groups are undertaken and feedback from clients is solicited. Gender sensitivity and responsiveness are given emphasis in each of the services provided, and education activities are carefully packaged for the specific target groups.

Staffs are constantly reminded to be sensitive and responsive to the needs of the clients, regardless of gender and other characteristics, and that privacy and confidentiality must be ensured at all times.

Comprehensive services imply the availability of a wide range of services for the various target groups. WHCF's close contacts with its clients make it possible to readily identify what their needs are. Whenever a need for a new service is identified, WHCF strives to make it available. Otherwise, referrals are made to appropriate professional or facilities.

Availability and Accessibility

Because making services available has minimal impact if they are not accessible, WHCF has located its clinics where women live, work or study, and where men congregate for recreational activities. Clinic hours and days are fixed depending on client needs. WHCF plans to extend clinic hours from 7 a.m. to 10 p.m. A telephone number is provided for each clinic when it is closed, and clients can make special appointments for off-clinic hours, say on Sundays. The outreach clinics further extend access and availability. Beyond this, the community health workers and street vendors have

been trained to provide some services. Furthermore, services are provided to whoever wants them. At the same time, WHCF continues to strive to increase the utilisation of its clinics. For example, it occasionally sets up stalls at shopping malls for IEC and free blood pressure check-ups to publicise its clinics and also to bring its services to the people.

Competence

Appropriate staff, facilities, equipment and supplies are needed to ensure competent services. Staffs are carefully recruited and their skills are continuously developed. Training of staff focus not only on technical aspects but also includes counselling, IEC, interpersonal relations, sexuality, gender, women's rights and ethical issues. The provision of services is continuously supervised and monitored.

Affordability

Clients are charged according to their financial capability. Fees are on a sliding scale and clients have an option to pay in instalments. Costs are contained by utilising government or inexpensive laboratories. Staff costs are minimised by hiring part-time staff, where necessary, and by rotating staff. The staff is also multi-functional. For instance, physicians are willing to do laboratory tests when necessary.

Continuity and Collaboration

Follow-up appointments are made for both main and outreach clinics. WHCF values continuity and collaboration in its client relationship. It seeks client feedback on the effectiveness of and their satisfaction with its services. This also serves to build rapport with clients.

Clinics Must Be Strategically Located

Where a clinic is located is important as it enhances the accessibility of services. With this in mind, WHCF selected strategic locations for its three clinics. The two clinics in commercial and residential areas give convenient access to lower-middle and middle class clients as well as to commercial sex workers and their clients. On the other hand, the Mutinlupa

clinic, located in a suburban locality in the outskirts of Metro Manila, is accessible to the urban poor.

Serving women and their families

Sustainability

Sustainability is an issue that every NGO worries about. Where WHCF is concerned, although its "fee-for-service" scheme has generated some income, this is only sufficient to cover about one-third to one-half of WHCF's total expenses. Through the years, UNFPA, AusAID, USAID and JICA have also provided additional funds for various projects. These projects have paid for the salaries of the staff, upgraded equipment, provided materials and supplies.

WHCF has had some hard times. When funds were not available, it coped by (1) downsizing of staff, (2) enabling staff to do multiple tasks and assignments, (3) staggering scheduling and shortening working times. While external funding is helpful, WHCF is also striving to become sustainable. These hard times have motivated WHCF to become more self-reliant and it has subsequently explored the following activities:

- expand clinic services to more paying clients;
- innovate approaches to encourage more women to utilise the services which include offering discounted fees for services during Women's Month;

- provide educational activities to business establishment.

Regular contact and consultations enhance understanding of roles and responsibilities and minimise need for supervision.

Responding to Managerial Challenges

WHCF's diverse programmes and activities extend over a wide area. It also has a diversity of clients. These situations impose a managerial complexity on WHCF including:

- *Supervision/monitoring.* How does one go about to ensure that quality of care and adequate and reliable information are provided at each clinic and/or service site? How does one monitor staff activities, punctuality, absenteeism, appropriate behaviour and high level professionalism in dealing with clients?

- *Communication and feedback.* How does one relay vital information from the central office to field-level staff? How to address feedback from the diverse clientele?

After trial and error, WHCF believes it has found one solution to the above problems –namely, regular meetings with management and field staff. This solution may not be unique, but the manner and atmosphere in which the meetings are conducted have helped WHCF deal with many of the managerial problems. The management committee meets to discuss problems and issues confronting the clinics and outreach activities. Later in the month, all staff meet to discuss achievements, problems and planned activities. This way everyone is aware of all activities and programmes of the Foundation. The chair and secretarial functions are revolved among all staff, and the assigned chair and secretary are responsible for setting the meeting agenda. This is also in line with the WHCF philosophy of empowering everyone, including its staff.

Management decisions and policies are formulated through consultations and group consensus. Policies needing the approval from the Board and/or Executive Director are discussed thoroughly during these meetings. Everyone is encouraged to express his or her opinions and difference are openly discussed.

From experience, WHCF has realised that regular contact and consultations have made people understand their roles and responsibilities. Thus, there is little need for supervision. The sharing of experiences and brainstorming during the meetings have helped staff to come up with innovative ideas on how to respond to the feedback from the community.

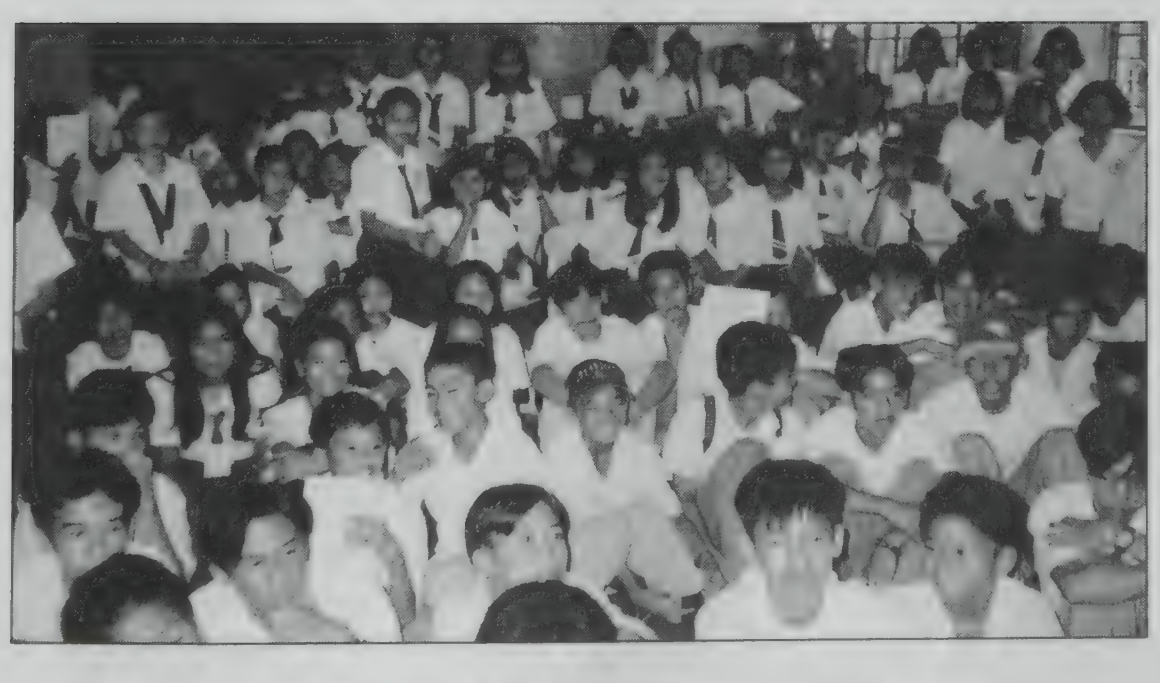
LESSONS LEARNT

After 16 years in operation, WHCF has gone a long way towards promoting the reproductive health of its constituents - women, children and men. Although its services are becoming more extensive, its activities have always embodied the spirit and the vision that were articulated at the start by her founding members. In retrospect, the achievements of the organisation may be attributed to the following factors:

1. Concentration on strengths and their full development

Expansion of programmes was limited to areas where WHCF has developed enough expertise — health information and services. All activities were developed along these lines instead of "trying" new things and expanding into other areas where implementation could not be supported by the organisation.

One strategy used was an active outreach programme that brought the reproductive health services to where the women were: communities, households, business establishments including those with sex workers. The clinic staff is complemented by outreach workers who go out and provide reproductive health care services wherever and whenever requested.



High school students at a talk by WHCF on HIV/AIDS and adolescent sexuality

Another strategy used was to tailor the services to the specific needs of clients: opening of the clinics during

hours when women can best access them; lowering of fees for those who cannot afford the standard changes (even providing a programme to pay for clients' pap smears in monthly instalments); giving information to male OCWs on how to protect themselves from STDs and HIV/AIDS; counselling for women who are victims of violence or who have unwanted pregnancies; providing frank and appropriate information and services to adolescents. These are some of the approaches employed by WHCF to meet the wide-ranging needs of its clients.

2. *Maintain strong and persistent advocacy and networking activities*

WHCF, as it specialised in the field of reproductive health, recognises the role played by numerous other NGOs, people's organisations and government departments. An active network and linkage system helped WHCF in the following ways:

a) Clients needing services not being provided by WHCF are referred to other NGOs and individuals. For example, women victims of violence needing shelter and counselling were referred to the Women's Crises Centre; women in need of legal advice or help were encouraged to go to the Women's Legal Bureau or to the Office of Legal Aid under the University of the Philippines.

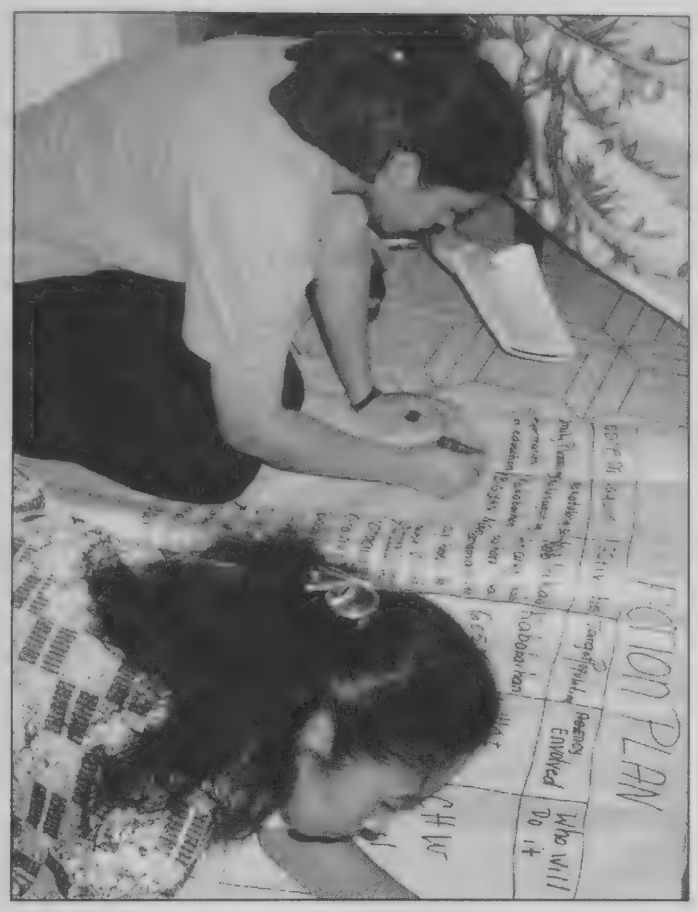
b) Staffs become increasingly aware of and participate in matters arising from reproductive health issues (i.e. gender, women's rights, legislative bills affecting women).

c) Act as facilitator, providing support and serving as an interest group on reproductive health matters.

At the same time, WHCF has been able to promote its vision and mission through and to other groups and agencies.

3. *Provide opportunities to upgrade staff competence and gain their commitment*

WHCF has a strong staff development programme for improving technical and management skills and



Action planning by staff

increasing awareness of women's issues. The staff is also exposed to numerous training, discussions and conferences on women's issues and gender perspectives, not only locally but also in other countries. Careful and selective hiring of the staff is undertaken and the older staff members train new staff.

The vision, mission, philosophy and main objectives of WHCF have been worked out together by the staff in collaboration with its Board. Members of the organisation identify yearly operational objectives.

4. Helping clients with their total health needs including personal and family problems

Clients in clinics and outreach services are provided with a holistic approach to their health needs. Children are given immunisations and childcare, men are provided with medical services; and women are made to feel that they can talk about their personal, family and sexual lives (not necessarily just health needs) with openness and privacy. Fertility regulation is done on a per need basis, and measurement of the success of the WHCF's family planning activities is not based on the number of family planning users, but rather on the satisfaction of women and the prevention of complications related to the family planning methods chosen.

Although known as a women's organisation, WHCF also caters to men. Pictured here, a small business seminar for men's reproductive health.

Women in communities reached by WHCF have gained a sense of freedom to determine and choose their own reproductive destinies. They have been helped to live healthy lives and their spouses have become supportive of their efforts to increase their knowledge and skills. They have been supported in their desire to pursue their dreams with confidence and fulfil their potential. WHCF is grateful for the opportunities to make a difference in the lives of women in so many communities and looks forward to a time when all health care services given to women respond to their needs and empower them to make choices for their own selves.

CHALLENGES

Maintenance of Staff

WHCF can be proud of its successes, which have been achieved through hard work and difficult times. Nevertheless, many challenges remain. One of the major challenges is the maintenance of staff. As an NGO that strives to provide affordable services, WHCF can only afford to pay its staff a small salary while at the same time expecting them to work long hours. Because of this, only a handful of staff who are very committed to the principles and objectives of WHCF stay with the organisation while many who have been trained leave after some time. The organisation has difficulty attracting women staffs, as the job requires not only long hours but also off-clinic appointments. These extended hours are obstacles to women who have families. Another difficulty with staff is that because of inadequate training in counselling, physicians and registered nurses prefer not to spend time counselling clients. They tend to delegate this responsibility to paramedical staff.

Pushing for a Positive Policy Environment

The Church has a very strong influence in matters of reproductive health and rights at the expense of women. Almost every effort to create a positive environment for the promotion of reproductive health, reproductive rights and women's rights is confronted with the challenge of opposition from the Church.

The determination of WHCF and its allies to improve the status of women in general and reproductive health in particular is a strong motivation for them to brave the obstacle and face the Church and its allies.

THE FUTURE

WHCF strives to improve the quality of its services. To achieve this objective, it plans to carry out the following activities:

- to conduct research in order to enhance client-centredness of services;
- to teach community health workers and street vendors the syndromic approach to diagnosing STDs, and sex workers negotiation skills;
- to recruit full-time counsellors, provided financial viability can be ensured; and
- to expand its operations to cover more areas and communities.

UPSCALING THE WHCF EXPERIENCE

Can the WHCF experience be expanded to cover a significantly larger number of clients? Can the experience be replicated at the national level? These questions were explored in a roundtable discussion in which both government and NGOs representatives participated. The discussion revolved around enabling/constraining factors, and recommendations for expansion of reproductive health services in the Philippines.

Enabling/Constraining Factors

Women Empowerment Policies and Programmes

To expand reproductive health services, it is imperative that women be empowered to enable them to make choices. The need for women to be assertive and speak out for themselves was emphasised. In line with this recognition, legal issues on

the translation of policies into programmes of action were discussed to provide women with the knowledge of rights and entitlements within the law.

Government Agencies

The Department of Health (DOH) has adopted the "reproductive health approach to family planning" and in so doing, has expanded its capability to provide family planning information and/or services outside of the traditional family structure to include, for example, adolescents and women prostitutes. Family planning services have also been expanded to include screening for reproductive tract infections and sexually transmitted diseases. Also, DOH recognises that reproductive health is more inter-developmental in approach and is client-focused rather than programme-oriented.

However, the question of whether or not the DOH is capable of implementing the delivery of reproductive health services on a nation-wide scale was brought out. Problems on the capabilities/readiness of the medical and paramedical staff to provide these services within the framework of female empowerment and choices were identified. Logistical constraints were also raised since primary care facilities do not have laboratory services for RTIs and other needs. Research on the knowledge, attitude and practices of communities regarding reproductive health, and data on socio-cultural behaviour need to be available to design appropriate reproductive health strategies.

The decentralisation of the government in matters affecting health whereby the local government units (LGUs) are responsible

Integrating RH Services into Government Programme: Issues to Consider

- Under-equipped primary care facilities
- Research on community's RH knowledge, attitude and practices
- LGUs lack resources
- Disparate priorities between LGUs and national government
- Breath vs. depth of coverage

for health programmes is one factor that needs to be considered in promoting a national reproductive health programme. Experience has shown that health programmes are disrupted and not followed through to the LGUs because identified priorities in national government programmes may not necessarily be the same priorities at the local level. Also LGUs have limited budgets, and health care services usually suffer from the lack of funds to implement them.

A concern was also raised in terms of dilution of efforts in the pursuit of incorporating all the elements of reproductive health care services. The capabilities of most primary care establishments and NGOs are limited and the question of being "jack of all trades and master of none" needs to be considered.

Recommendations

Men's attitudes and behaviours influence women's health. Hence, while it is crucial to provide services to women, men should also be an important target group. They not only need services, but they must be empowered so that they can be responsible for their health and that of their partners and children.

Integration of other reproductive health services into existing primary health care, family planning and maternal and child health programmes is highly recommended. The present status of the existing health system would allow the integration of certain components only. While many health delivery outlets are not ready to offer services for RTI and STD diagnosis and treatments nor for HIV/AIDS screening, the following activities can be immediately integrated: (1) counselling, (2) promotion of breast-feeding, (3) human sexuality education among adolescents, (4) education to men; (5) referrals. The basic premise of informed and voluntary consent and free choice should be immediately introduced. Integration of new services, on the other hand, requires the upgrading or strengthening of the present health service delivery system.

To ensure quality of services, training of health workers must be strengthened. While all workers should be oriented towards a gender-sensitive reproductive health perspective and trained in counselling skills, formal technical skills training should be given to paramedical and medical practitioners. They in turn can train the community workers. □

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